Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION
P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.	REC	UEST F	OR AL	LOWA	BLE AND AUTHORIZA	TION			
Operator		TOTA	ANSP	OHT OI	L AND NATURAL GAS		<u> </u>		
Bannon Energy, Inc.						Well AP! No. 30-045-25218	30-045-25218		
3934 F.M. 1960 Wes	t, Suite	e 240.	Houst	on. Te	xas 77068			-	
Reason(s) for Filing (Check proper box)			.011, 16	XX Other (Please explain)			_	
New Well Recompletion	0"	Change is							
Change in Operator	Oil	7. <u>7.</u> 22d Gas [Dry Ga Conden		Effective 6-1-90				
If change of operator give name and address of previous operator			_ Codoca	HE _	Change of addre	ess ———————			
						···			
II. DESCRIPTION OF WELL	L AND LE	Well No.	De al M		•				
South Blanco Feder	al 26				ing romation ok Gallup	Kind of Lease State, Federal or Fee	Lease No.		
Location							NM 12233	_	
Unit Letter B	_ :	820	_ Feet Fro	om The	orth Line and 1700	Feet From The	east ,:		
Section 26 Towns	hip 2	4 N	Range8	W	h to come c		Line .		
					, NMPM,	San Juan	County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTI	ER OF O	IL AN	D NATU	RAL GAS				
Giant Refining Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, AZ 85068				
Name of Authorized Transporter of Casinghead Gas (AX) or Day Gas (Transporter of Casinghead Gas (AX)					Address (Give address to which appropried come of this form in the				
Bannon Energy, Inc. If well produces oil or liquids	Unit	Sec.	1-		3334 F.M. 1960 We	st, Suite 240,	Houston, TX.	77068	
If well produces oil or liquids, give location of tanks.	iВ	26	Twp. 24N	18W	is gas actually connected?	When?		7	
If this production is commingled with the IV. COMPLETION DATA	a from any or	her lease or	pool, give	comming	ing order number:	111-28-82			
JOHN DAIA	······································								
Designate Type of Completion	1 - (X)	Oil Well Gas Well			New Well Workover D	Deepen Plug Back Sa	me Res'v Diff Res'v	7	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	P.B.T.D.		4	
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing Fo	ometica.		Top Oil/Gas Pay			ĺ	
· · ·		. constage 1.c	OTTHELLOR		Top Old Gas Pay	Tubing Depth	Tubing Depth		
Perforations						Depth Casing S	hoe	4	
		TIPRIC	CASD	20				,	
HOLE SIZE	CA	SING & TU	JBING S	IG AND	CEMENTING RECORD DEPTH SET] '	
					DEPTH SET	SAC	CKS CEMENT	4	
								1	
								_	
V. TEST DATA AND REQUE	ST FOR /	LLOWA	ABLE	<u> </u>				ا	
DIL WELL (Test must be after recovery of total volume of load oil and mu Date First New Oil Run To Tank Date of Test					to be equal to or exceed top allowable for this depth or be for full 24 hours.)				
	Date of 16	:1			Producing Method (Flow, pump, gas lift, etc.)		7		
ength of Test	Tubing Pre	SELITE .			Casing Pressure			4	
Actual Prod. During Test						DEEF	AFIL		
	Oil - Bbls.				Water - Bbis.	Gas- MCF	<u>U</u>	1	
GAS WELL						MAY22	1990	_	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MMCF	OIL CON	DIV		
arting Marked (-in-)						DIST.		}	
esting Method (pitot, back pr.)	Tubing Pre	saure (Shut-	in)		Casing Pressure (Shut-in)	Choke Size	<u> </u>	4	
L OPERATOR CERTIFIC	'ATE OF	COLO	7 7 4 3 7				-		
i nereby certify that the rules and men	lations of the	Ω 3 C		JE	OIL CONSE	RVATION DI	VISION	_	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									
1/1/	A STATE OF THE STA	a denet.			Date Approved _	May 22	1990		
WHolio	mf	_					1	-	
Signature W.J. Holcomb		A			By	3.11) a	road	_	
Printed Name		Age	En t Tide		-	SUPERVISOR D	STRICT #3	-	
5-18-90 Date	713 5	37-900	0		Title			-	
•		i elen	bone No		I				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.